

FILED JAN 15 1957

STANDARD CERTIFICATE OF DEATH

State File No. 41955

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5595</u>		Registrar's No. <u>107</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jefferson</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Rock</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jefferson</u>	
c. LENGTH OF STAY (In this place township) <u>80yrs</u>		c. CITY OR TOWN <u>Beck</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Richardson Rd Beck</u>				e. STREET ADDRESS (If rural, give location) <u>Richardson Rd near Beck</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>THEODORE</u>		b. (Middle) <u>H.</u>		c. (Last) <u>BECK</u>	
4. DATE OF DEATH		(Month) <u>Dec</u>		(Day) <u>31</u>		(Year) <u>1956</u>	
5. SEX <u>M</u>		6. COLOR (OR RACE) <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 18 1875</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gen Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Beck, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Emanuel Beck</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Dornseif</u>		14. NAME OF HUSBAND OR WIFE <u>Emma (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>217-34-6859</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Schwenne St. Louis Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP <u>Beck, Jefferson, Mo</u>		21d. COUNTY (COUNTY) <u>Jefferson</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>4221</u>			
22. I hereby certify that I attended the deceased from <u>1953</u> , 19____, to <u>1931</u> , 195____, that I last saw the deceased alive on <u>11/30/56</u> , 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A Reich mds.</u>				(Degree or title)		23b. ADDRESS <u>Imperial, Mo</u>	
23c. DATE SIGNED <u>11/2/57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan 3 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Mausoleum</u>	
24d. LOCATION (City, town, or county) (State) <u>Lemay Missouri</u>		DATE REC'D BY LOCAL REG. <u>Jan 5 1957</u>		REGISTRAR'S SIGNATURE <u>Ruth Jissa</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEILIGTAG FUNERAL HOME Imperial Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
MILLSBORO, MISSOURI

DATE RECEIVED

JAN 9 1957

MAY 27 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edwin Heiligtag*.....

Licensed Embalmer No. *3571*.....

P. O. Address *Imperial Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.